



STORY COUNTY BOARD OF HEALTH

TENTATIVE AGENDA

Friday June 24, 2022

3:00 PM

Public Meeting Room - Story County Administration (900 6th Street)- Nevada, Iowa*

1. CALL TO ORDER

2. APPROVAL OF AGENDA

3. Consent Agenda

All items listed under the consent agenda will be enacted by one motion. There will be no separate discussion of these items unless a request is made prior to the time the Board votes on the motion.

3.I. Consideration Of Personnel Actions

Action forms reflecting 5% cost of living adjustment effective 6/19/2022.

Laura Johnston @ \$18.59/hr, Kimberly Grandinetti @ \$3,331.73/biweekly, Taylor Jorgensen @27.21/hr, Matthew Cory \$30.89/hr with 11 year longevity.

Documents:

[ACTION SHEETS 061922.PDF](#)

3.II. Consideration Of Personnel Actions

Compensation Study Plan A wage adjustments effective 7/3/2022.

Laura Johnston @ \$21.21/hr, Kimberly Grandinetti @ \$3,388.38/biweekly, Matthew Cory @ \$33.09/hr, Taylor Jorgensen @ \$29.24/hr.

Documents:

[ACTION FORMS.PDF](#)

4. PUBLIC FORUM

This is the time for members of the public to offer comments concerning matters not scheduled to be heard before the Board of Health.

5. ADDITIONAL ITEMS

5.I. Discussion And Consideration Story County Housing Grant Agreement, Contract #2022-4- Kimberly Grandinetti

Documents:

[SCHTSEPTICGRANTCONTRACTV2.PDF](#)

6. COMMENTS

Staff
Board

7. ADJOURNMENT

8. INSTRUCTIONS TO PARTICIPATE IN ZOOM MEETINGS

Join zoom meeting by computer, tablet, smartphone:

[HTTPS://US02WEB.ZOOM.US/J/6248781472?
PWD=VKZFUEH6T3L3RELAMKE5BUZ5T1HPUT09](https://us02web.zoom.us/j/6248781472?pwd=VKZFUEH6T3L3RELAMKE5BUZ5T1HPUT09)

Meeting ID: 624 878 1472

Passcode: c66AtS

To join the meeting by telephone: 312 626 6799

Meeting ID: 624 878 1472

Passcode: 526117

Story County strives to ensure that its programs and activities do not discriminate on the basis of race, color, national origin, sex, age or disability. Persons requiring assistance, auxiliary aids or services, or accommodation because of a disability may contact the county's ADA coordinator at (515)382-7204.



EMPLOYEE ACTION FORM

Action Requested

- New Hire
- Re-hire
- Re-evaluation of Position
- Promotion
- End Of Assignment
- Inactive/Leave of Absence
- Military Leave
- Pay Adjustment 5% COL
- Termination
- Resignation
- Retirement
- Transfer
- Credit Card User
- Resign in lieu of Termination

Job Status Information

Effective Date: 06/19/2022

Employee Name Taylor Jorgensen

**Correcting effective date*

Department Environmental Health

Title of Position Env. Health Specialist

Elected Official/Department Head Kimberly Grandinetti

Proposed Salary \$ 27.21 *den* BW Hourly Grade:

Full Time Part Time $\frac{3}{4}$ Temp

$\frac{1}{2}$

$\frac{1}{4}$

Authorizing Signatures

Department Supervisor Signature *Grandinetti*

Approved _____ Date _____

Board/Commission Signature

_____ Function _____ Category 1306 Employee Number



EMPLOYEE ACTION FORM

Action Requested

- New Hire
- Re-hire
- Re-evaluation of Position
- Promotion
- End Of Assignment
- Inactive/Leave of Absence
- Military Leave
- Pay Adjustment 5% COL & 11 yr longevity
- Termination
- Resignation
- Retirement
- Transfer
- Credit Card User
- Resign in lieu of Termination

Job Status Information

Effective Date: 06/19/2022

Employee Name Matthew Cory

**Correcting effective date*

Department Environmental Health

Title of Position Env. Health Specialist

Elected Official/Department Head Kimberly Grandinetti

Proposed Salary \$ 30.89 *den* BW Hourly Grade:

Full Time Part Time $\frac{3}{4}$ Temp

$\frac{1}{2}$

$\frac{1}{4}$

Authorizing Signatures

Department Supervisor Signature *Grandinetti*

Approved _____ Date _____

Board/Commission Signature

_____ Function _____ Category 1304 Employee Number



EMPLOYEE ACTION FORM

Action Requested

- Form with checkboxes for actions: New Hire, Re-hire, Re-evaluation of Position, Promotion, End Of Assignment, Inactive/Leave of Absence, Military Leave, Pay Adjustment 5% COL, Termination, Resignation, Retirement, Transfer, Credit Card User, Resign in lieu of Termination.

Job Status Information

Effective Date: 06/19/2022

Employee Name Laura Johnston

*Correcting effective date

Department Environmental Health

Title of Position Administrative Assistant II

Elected Official/Department Head Kimberly Grandinetti

Proposed Salary \$18.59 BW Hourly Grade:

- Full Time, Part Time (3/4, 1/2, 1/4), Temp checkboxes.

Authorizing Signatures

Department Supervisor Signature [Signature]

Approved Date

Board/Commission Signature

Function Category 1308 Employee Number



EMPLOYEE ACTION FORM

Action Requested

- Form with checkboxes for actions: New Hire, Re-hire, Re-evaluation of Position, Promotion, End Of Assignment, Inactive/Leave of Absence, Military Leave, Pay Adjustment 5% COL, Termination, Resignation, Retirement, Transfer, Credit Card User, Resign in lieu of Termination.

Job Status Information

Effective Date: 06/19/2022

Employee Name Kimberly Grandinetti

*correcting effective date

Department Environmental Health

Title of Position Director

Elected Official/Department Head

Proposed Salary \$3,331.73 BW Hourly Grade: 13

- Full Time, Part Time (3/4, 1/2, 1/4), Temp checkboxes.

Authorizing Signatures

Department Supervisor Signature [Signature]

Approved Date

Board/Commission Signature

Function Category 1307 Employee Number



EMPLOYEE ACTION FORM

Action Requested

- New Hire
- Re-hire
- Re-evaluation of Position
- Promotion
- End Of Assignment
- Inactive/Leave of Absence
- Military Leave
- Pay Adjustment New Pay Plan - Step A
- Termination
- Resignation
- Retirement
- Transfer
- Credit Card User
- Resign in lieu of Termination

Job Status Information

Effective Date: 07/03/2022

Employee Name Laura Johnston
 Department Environmental Health
 Title of Position Administrative Assistant
 Elected Official/Department Head _____

Proposed Salary \$ 21.21 *DN* BW Hourly Grade: 12

Full Time Part Time $\frac{3}{4}$ Temp
 $\frac{1}{2}$
 $\frac{1}{4}$

Authorizing Signatures

Department Supervisor Signature *Kimberly Grandinetti*

Approved _____ Date _____

Board/Commission Signature

_____ Function _____ Category 1308 Employee Number



EMPLOYEE ACTION FORM

Action Requested

- New Hire
- Re-hire
- Re-evaluation of Position
- Promotion
- End Of Assignment
- Inactive/Leave of Absence
- Military Leave
- Pay Adjustment New Pay Plan - Step E
- Termination
- Resignation
- Retirement
- Transfer
- Credit Card User
- Resign in lieu of Termination

Job Status Information

Effective Date: 07/03/2022

Employee Name Kimberly Grandinetti
 Department Environmental Health
 Title of Position Environmental Health Director
 Elected Official/Department Head _____

Proposed Salary \$ 3,388.38 *DN* BW Hourly Grade: 22

Full Time Part Time $\frac{3}{4}$ Temp
 $\frac{1}{2}$
 $\frac{1}{4}$

Authorizing Signatures

Department Supervisor Signature *Kimberly Grandinetti*

Approved _____ Date _____

Board/Commission Signature

_____ Function _____ Category 1307 Employee Number

**Story County Housing Trust
GRANT AGREEMENT**

An Agreement between **Story County Environmental Health** as grantee and the **Story County Housing Trust** (SCHAT) as grantor.

WITNESSETH

WHEREAS, Story County Environmental Health is qualified to receive a Housing Assistance grant from the SCHAT and has the necessary ability to manage and apply such funds to eligible costs for the affordable housing program operated by the Grantee.

AND, WHEREAS, Story County Environmental Health agrees to comply with the policies, procedures and rules of the SCHAT.

NOW, THEREFORE, in mutual consideration of the respective promises and benefits contained herein, the parties agree as follows:

Owner-Occupied Repairs:	\$144,250.00
Technical Services:	\$5,750.00
Total Amount:	\$150,000.00

Agreement Effective Date: **04/19/2022**
Agreement Expiration Date: **04/19/2024**

Section 1. Scope of Grant Agreement.

This Agreement is for funds in the amount of **\$150,000.00** has been approved subject to Section 12 of this agreement by the SCHAT Board of Directors on April 19, 2022, for approximately **three (3)** units at or below 30% Area Median Income (AMI), **fourteen (14)** between 31-50% AMI, and **twenty (20)** between 51-80% AMI as published by HUD. Section 12 requires a minimum percentage of the awarded funds to be spent on housing at or below 30% AMI and overrides the applied for and approved number of units and corresponding AMI.

Section 2. Project Description.

The Grantee agrees to apply all grant proceeds to the approved program tasks as described in the grant Application. A description of the specific program along with allowable costs appears in the SCHAT program Application, which is attached to this Agreement and is incorporated herein by reference as fully set forth. Funds from this grant are to be used for the rehabilitation of **37 owner-occupied units** as described above and in the Application.

Section 3. Grantee Request for Payments.

Disbursement of grant proceeds shall be subject to receipt by SCHAT of a Payment Request Form. Form attached as Exhibit B. Invoices corresponding to, supporting, and documenting the request must be included with the Payment Request Form. Disbursements of grant proceeds shall be made on a reimbursable basis, after costs have been incurred by the Grantee. Payments will be made within thirty (30) days of the receipt of the Payment Request.

Section 4. Withholding of Grant Funds.

The SCHAT reserves the right to withhold disbursement of grant funds until the conditions of the grant agreement have been fulfilled and the SCHAT has received any or all of the following:

- a. Grantee's progress and performance;
- b. Required permits, licenses or approval actions by governmental agencies;
- c. Invoices, statements or equivalent documents;

Section 5. Reimbursement of Recovered Payments

In the event the grantee recovers payment of costs made on any project for which it receives grant proceeds from the SCHAT, the grantee will remit a portion of the recovered funds to SCHAT. The recovered funds shall be split by SCHAT and the grantee in the same proportion as each party's funds were used in the project. The provisions of this section (a) shall apply to funds recovered from payments made at any time after the effective date of the Agreement, and (b) shall survive the expiration or earlier termination of the Agreement.

Section 6. Allowable Costs.

The grantee agrees that allowable costs are those specified in Section 1 hereof. Costs other than those shown in the Program Budget shall be allowed only by written approval of the Story County Housing Trust.

Section 7. Grantee Reporting Requirements.

The Grantee agrees to submit reports and documents at such times and in such form as required by the SCHAT in accordance with the following schedule:

- a. **Semi-Annual Status of Funds Report:** Due on the 15th day of July for the period ending June 30th, and the 15th day of January for the period ending December 31st. The original should be submitted to the SCHAT. Form attached as Exhibit C.
- b. **Payment Request Form:** Exhibit B. Copy Attached.
- c. **Final Performance Report and Final Funds Report:** Due thirty (30) days after the end of the budget year with respect to which the grant was made. Exhibit C. Copy Attached.

The SCHAT reserves the right to require more frequent submission of reports or to require additional, special reports if the Administrator deems reporting is necessary. All reports should be submitted to:

Story County Housing Trust
% DMAMPO
420 Watson Powell Jr. Way, Suite 200
Des Moines, IA 50309 or
acollings@dmampo.org

Section 8. Grantee Performance Standards.

The Grantee certifies that it will satisfy all conditions of this Agreement. In the event that the Grantee does not satisfactorily comply as required in this Agreement, then the funds that are awarded through this Agreement may be subject to disallowance. The maximum amount of funds which may be disallowed due to failure to satisfactorily perform shall be equal to the budgeted costs as described in Section 1 hereof for any period following disallowance.

Section 9. Grantee Accounts and Records.

The Grantee shall maintain books, records, documents, and other evidence pertaining to all costs and expenses incurred and revenues received under and in connection with this project and this Agreement to the extent and in such detail as will properly reflect all costs,

direct and indirect, of personnel, materials, equipment, supplies, services and other costs and expenses of whatever nature for which payment is claimed under this Agreement.

All such accounts and records in the possession of the Grantee pertaining to this Agreement shall be retained by the Grantee for a period of three (3) years beginning with the date upon which the final report under this Agreement is approved. All records shall be retained beyond this three (3) year period if audit findings have not been resolved within that period.

Section 10. Inspection and Audit of Grantee Records.

At any time during normal business hours and as frequently as is deemed necessary, the Grantee shall make available to the SCHAT as administrator for their examination, any and all of its records pertaining to all matters covered by this Agreement, and permit these agencies to audit, examine, make excerpts or transcripts from such records, contracts, invoices, payrolls, personnel records (consistent with Chapter 22) and all other matters covered by this Agreement.

The Administrator may require that an independent audit of the Grantee's records be performed, at the Grantee's expense, in order to resolve any questions, claims or discrepancies.

Section 11. Performance by Grantees.

In order to ensure the timely expenditure of funds by Grantees, the SCHAT requires that by the one year anniversary of this agreement the grantee will have drawn down a minimum of 50% of the award amount. If the grantee has not done so, the available amount of funding will be reduced to 50% of the award amount. The SCHAT reserves the right to waive this requirement if substantial completion of projects have been accomplished and the SCHAT is satisfied with the grantee's progress.

Section 12. Minimum Percentage of Funding Spent on 30% or Less AMI Housing.

The Iowa Finance Authority requires a minimum amount of funding be spent on housing for households at or below 30% Area Median Income (AMI). In order to ensure compliance with these requirements the SCHAT is requiring that all grantees, including the grantee, spend, at a minimum, 30% of their award amount on housing for households at or below 30% AMI. This requirement overrides any other part of this agreement.

The SCHAT reserves the right to waive this requirement if it is determined that the minimum percentage required by IFA will be met through other means, such as other Grantees providing enough assistance at the 30% AMI threshold that this provision is no longer needed. One year from the beginning date of this agreement the SCHAT will review progress to date by all Grantees and make a determination if this requirement can be reduced in part or waived entirely. The grantee will be notified of such a decision shortly after it is made.

Section 13. Performance by Grantee

In order to ensure the timely expenditure of funds by Grantees, the SCHAT requires that by the one year anniversary of this agreement the Grantee will have drawn down a minimum of 50% of the award amount. If the Grantee has not done so, the available amount of funding will be reduced to 50% of the award amount. The SCHAT reserves the right to waive this requirement if substantial completion of projects have been accomplished and the SCHAT is satisfied with the Grantee's progress.

Section 14. Amendment of this Agreement.

SCHAT or the Grantee may, during the duration of this Agreement, deem it necessary to make alterations to the provisions and conditions of this Agreement. Any changes to this

Agreement which are approved in writing by the SCHAT and the Grantee shall be incorporated herein. The provisions of such amendment shall be in effect as of the date of such amendment unless otherwise specified within such amendment.

Section 15. Suspension or Termination of this Agreement.

If the Grantee fails to comply with the conditions of this Agreement, the SCHAT may, after reasonable notice to the Grantee, suspend the Agreement and withhold further disbursement of grant proceeds or prohibit the Grantee from incurring additional obligations to be paid from grant funds pending corrective action by Grantee or a decision by SCHAT to terminate this Agreement.

The SCHAT may terminate this Agreement in whole or in part, at any time, whenever it has determined that the Grantee has failed to comply with the conditions of this Agreement. The Administrator shall notify the Grantee of said determination and the reasons thereof, together with the effective date of the termination. Further, any costs previously paid from grant proceeds, which are subsequently determined to be unallowable through audit or other procedures, shall be returned to the SCHAT within thirty (30) days of such determination and subsequent notice.

Either party may terminate this Agreement in whole or in part when they agree that the continuation of the grant project would fail to produce beneficial results commensurate with the expenditure of funds. The grantee shall keep all grant funding awarded to the date of termination except for costs deemed unallowable as described in the previous paragraph.

Section 16. Agreement Coverage.

This Agreement, the Grantee's Program Application, the NOFA, and any referenced documents contain the entire Agreement between the parties. Any statement inducements or promises not contained herein shall not be binding upon the parties. The Grantee shall not assign this Agreement without prior written authorization from the SCHAT.

If any of the provisions herein shall be in conflict with the laws of the State or shall be declared to be invalid by any court of record in the State, such invalidity shall be construed to affect only such portions of the Agreement and the remainder of the Agreement shall remain in effect and shall be construed as if such invalid or conflicting portion of the Agreement were not contained herein.

Section 17. Litigation.

The Grantee agrees to pay its own costs and fees of litigation ordered by the court arising from failure of the Grantee to comply with the rules, regulations and conditions of this Agreement or resulting from the negligence of the Grantee. In carrying out the provisions of this agreement or in exercising any power or authority granted to the Grantee hereby, there shall be no liability, personal or otherwise, upon the SCHAT arising out of an act performed by or under the authority of the Grantee.

Section 18. Designation of Representatives.

The Board Chair and Administrator of the Story County Housing Trust are the representative authorized to execute or negotiate any changes in or to this Agreement.

The Grantee's representative authorized to execute or negotiate any changes in or to this Agreement is noted below.

Story County Housing Trust

Signed: _____
Amber Corrieri, SCHAT Board Chair

Story County Environmental Health Representative

Signed: _____

Print name: _____

Title: _____

Date: _____

EXHIBIT C

**GRANTEE PERFORMANCE AND
ACTIVITY STATUS REPORT**

_____ Semi-Annual Report
_____ Final Report

Contract Number: **2022-4**

(See instructions and add additional sheets if necessary)

1. Grantee: _____ 2. Agreement Date: 04/19/2022
3. Period Ending: _____ 4. Estimated Completion Date: _____
5. Approved Dollar amount of the Grant: \$150,000.00

6. ACTIVITY PROGRESS (Summary of project and status to date. Include status of grant funds expended):

_____ % Complete

7. ASSESSMENT OF PROGRESS:

8. CORRECTIVE ACTIONS REQUIRED (if necessary):

9. UPCOMING ACTIVITIES PLANNED:

10. Submitted by: _____ Date: _____

11. Signature: _____ Title: _____

**INSTRUCTIONS
GRANTEE PERFORMANCE AND
ACTIVITY STATUS REPORT (EXHIBIT C)**

GENERAL INSTRUCTIONS

Please type the required information. This report is to be completed semi-annually. Indicate at the top of the report if it is a semi-annual report or the final report. Semi-Annual Reports **are due on the 15th day of January and July**. Final Performance Report is due (30) days after the end of the budget year with respect to which the grant was made.

- 1) GRANTEE: Self explanatory.
- 2) AGREEMENT DATE: Self explanatory
- 3) PERIOD ENDING: Enter the date of the last day of the reporting period for which the report is being filed (June 30, 20xx or December 31, 20xx).
- 4) ESTIMATED COMPLETION DATE: The expected completion date of your Project.
- 5) APPROVED DOLLAR AMOUNT OF GRANT: Self explanatory
- 6) ACTIVITY PROGRESS: Write, in detail, the steps which have been taken to complete the project. Include in this section the status of funds expended. Estimate the percent (%) of the project that has been completed. (Add additional pages if necessary.)
- 7) ASSESSMENT OF PROGRESS: Assess the progress made overcall in the activity in achieving your project goal.
- 8) CORRECTIVE ACTIONS REQUIRED: When you have not or will not be able to stay on schedule, identify the problem encountered and actions being taken to correct the problem. If you cannot correct the timing problems and need to request an Agreement amendment, a separate letter and justification must be submitted.
- 9) UPCOMING PERIOD ACTIVITIES PLANNED: Self explanatory.
- 10) SUBMITTED BY AND DATE: Printed or typed name of person completing report and date the report was written.
- 11) SIGNATURE AND TITLE: of the person completing the report.

Send reports to: Story County Housing Trust
% DMAMPO
420 Watson Powell Jr. Way, Suite 200
Des Moines, IA 50309 or
acollings@dmampo.org

**PAYMENT REQUEST FORM
Exhibit B**

Grantee Name and Address: _____

Contract Number: 2022-4

Pursuant to, and in accordance with, the provisions of the Grant Agreement dated as of April 19, 2022 (the "Agreement"), between the SCHAT and the City of Collins (the "Grantee"), the SCHAT is hereby requested to pay to the Grantee the sum of \$_____ to be used for reimbursement (include invoices if applicable) and made payable to:

_____ and sent to the following address:

Such amount represents payments for: _____

IT IS HEREBY CERTIFIED THAT:

(a) None of the items for which disbursement is requested has been previously paid under this Agreement;

(b) The obligation with respect to which this disbursement is being requested has been properly incurred in accordance with the Agreement with respect to the Program set forth in the approved SCHAT Grant Application and is a proper charge under the Agreement;

(c) The Grantee has no notice of, and is not otherwise aware of, any mechanics', materialmen's, laborers', suppliers', vendors' or other liens or rights in respect thereof which should, in accordance with the Agreement, be satisfied or discharged before this disbursement is made, other than those for which appropriate lien waivers are attached to this Payment Request Form.

AUTHORIZED GRANTEE
REPRESENTATIVE:

Date: _____

Signature

Send requests to: : Story County Housing Trust
% DMAMPO
420 Watson Powell Jr. Way, Suite 200
Des Moines, IA 50309 or
acollings@dmampo.org